

APPLICATION FORM

Eligible applicants are limited to state governments, county governments, private agencies, and Native American tribal governments (federally recognized) that are responsible for administering the child welfare/foster care program throughout their jurisdiction. This competition is limited to the named entities because the purpose of these grants is to improve well-being, stability, and permanency of Lesbian, Gay, Bisexual, Transgender, Questioning and Two-Spirit (LGBTQ2S) children and youth in foster care. Therefore, the grantees themselves need both the access and authority to assess and make changes in child welfare agencies. A designated state, county, private agency, or tribal government will lead the project as the primary applicant.

Primary applicants are encouraged to contract with private agency contributors as strategic partners to add additional expertise where child welfare services are provided in such partnerships. However, the inclusion of independent sub-awardees is prohibited (i.e., your subcontractor can be a vendor that provides expert services but does not independently manage part of the work). Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards under this announcement.

The applicant is expected to be the lead agency, directly managing every aspect of the work, and may not subcontract this responsibility to another entity. The application must designate the lead staff person from the applicant agency. Each partnering agency must demonstrate recognition of and commitment to the applicant as the lead agency. The application also should include a designated lead staff from each partnering agency.

As primary applicants, child welfare agencies should lead and coordinate efforts between any strategic partners and steady and continuous communication, training, and technical assistance from the QIC-LGBTQ2S. A strong application should include how the primary applicant will coordinate and evaluate its evidence-based, evidence-informed, or promising practices programs and interventions; maintaining a continuous quality improvement; and sustain reporting requirements with the QIC-LGBTQ2S. In addition, primary applicants must show multilevel support from agency and government leadership.

All applications must be received by August 11, 2017, by 11:59 p.m. EST
Applicants should email their application to QICLGBTQ@ssw.umaryland.edu.

Please keep Section 1: Narrative Required Components of this application to 30 pages or less.
When completing your application, please closely follow the outline provided below. Close adherence will help reviewers give your application more accurate scores.

Applicant Information

County _____ State _____ Territory _____ Tribe _____

A. Contact Information *(Person completing the application form on behalf of the lead child welfare agency)*

Name: _____

Title: _____

Organization/Tribe: _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

Organization website/Tribe's website: _____



B. Key partner(s) participating in this application

Name: _____

Title: _____

Organization: _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

Organization's website: _____

Name: _____

Title: _____

Organization: _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

Organization's website: _____

Section 1: Narrative Required Components

I. Need and Population (10 Points)

- a. Describe the local needs of children and youth with diverse sexual orientations and gender identities and expression (SOGIE) in foster care.
- b. Describe the demographic makeup of children and youth in foster care served in your area.
 - i. Age, race, sexual orientation, gender identity, gender expression, etc.
- c. Describe SOGIE supportive practices, policies, etc. that your agency has implemented.
 - i. Are there additional efforts you are currently working toward?
- d. Describe the geographic area in which the intervention(s) will be implemented.
- e. Describe why participation in the QIC-LGBTQ2S will enhance the quality and cultural responsiveness of services and supports for children and youth with diverse SOGIE in foster care in your area.
 - i. Describe why you selected your intervention model based on local needs and any supportive measure already in place.
- f. Describe the local implementation sites' (LIS) ability to identify and serve the children and youth with diverse SOGIE in foster care population with a focus on:
 - i. Children and youth with diverse SOGIE and young adults in foster care up to the age of 21
 - ii. Child welfare workforce, family and caregivers of children and youth with diverse SOGIE, contracted providers, and/or the children and youth themselves
 - iii. Reducing risk factors (as noted in literature review) and enhancing protective factors for children and youth with diverse SOGIE
 - iv. Enhancing stability, permanence, and well-being



II. Intervention Model (20 Points)

- a. Applicants may describe how they will address all of the focus areas below over the course of the four-year project. Please select a minimum of two of the five focus areas below. Applicants can identify more than one intervention to address these focus areas.
 - i. Culturally appropriate methods for safe identification, assessment of individual needs and data collection related to population of focus demographics and permanency, well-being and placement stability outcomes, with attention to addressing confidentiality and privacy issues;
 - ii. Engagement in effective community, group, family, and individual services;
 - iii. Placement stability supports to children, youth, and caregivers, including birth families in reunification situations;
 - iv. Permanency innovations for those not reunified with families of origin; and
 - v. Increased knowledge, competence, and responsiveness of children and youth with diverse SOGIE by agency staff, caregivers, and service providers in congregate care settings.
- b. At least one identified intervention must be a direct practice intervention for clients aimed at addressing the needs of children, youth, and/or caregivers and which can be measured at the child/caregiver-specific level. You may include additional interventions that are aimed at addressing systematic changes.
- c. Priority will be given to applications that include at least one intervention which fills a need in the following areas:
 - i. System-wide methods to collect SOGIE data from all children and youth.
 - ii. Interventions to make current placements safe for LGBTQ2S children and youth.
 - iii. Interventions for recruitment of caregivers that want to foster/adopt LGBTQ2S children and youth.
 - iv. LGBTQ2S support and education groups for caregivers.
 - v. Interventions for caregivers who are rejecting their LGBTQ2S children and youth because of cultural or religious conflict.
 - vi. Clinical interventions for LGBTQ2S children and youth that do at least one of the following:
 - a. focus on cognitive behavioral coping
 - b. help develop a positive sense-of-self
 - c. promote positive LGBTQ2S identity development
 - d. provide clinical support and education groups for LGBTQ2S children and youth
 - vii. Youth Peer-to-peer models for LGBTQ2S children and youth.
 - viii. Parent peer-to-peer support models for parents of LGBTQ2S children and youth.“
- d. Describe the specific permanency, well-being, and placement stability outcomes for each of the focus areas you selected.
- e. Describe the evidence-based, evidence-informed program(s), or promising practices and intervention(s), including tribal best practices, that you will consider implementing to reach the identified outcomes of selected focus areas.
 - i. Provide any research and literature available on effectiveness of identified interventions.
 - ii. Describe instruments/measures that will be used in assessing fidelity of proposed intervention(s), if available. (We recognize that some proposed interventions may not have fidelity instruments and the QIC-LGBTQ2S will work with LIS in developing these over time.)
- f. Describe any existing tailored services provided to meet specific needs of children and youth with diverse SOGIE in foster care population.
 - i. If any, how will you leverage existing services or work around LGBTQ2S children and youth in your site?

III. Implementation Plan (20 Points)

- a. Please describe your readiness and the feasibility of your implementation plan based on the following local implementation factors (include challenges, opportunities, and how your plan integrated into or is building on current work):
 - i. Resources
 - ii. Capacity (including infrastructure, roles and responsibilities of lead agency and partner agencies, day-to-day operations)
 - iii. Collaboration
 - iv. System conditions
 - v. Community climate of inclusivity (e.g., inclusion vs. marginality, resources, policies and anti-discrimination laws, violence against LGBTQ2S populations, etc.)
- b. Describe your program specifics, including:
 - i. Population of focus

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- ii. Eligibility criteria
 - iii. Referral mechanisms
 - iv. Partners and stakeholders
 - v. Workforce development strategies
 - c. What is the estimated number of children and youth who will be served over the life of the project?
 - d. Describe your strategies for integrating models within policies, programs, and practices and plans to develop systemic change.
 - e. Describe strategies for implementing services within 90 days of receiving QIC-LGBTQ2S funding. We understand that these time frames may be challenging for some sites. If you are not able to implement services within 90 days, please explain barriers and provide an updated timeline.
 - f. Describe how the identified partners will work together in a manner that is seamless to children, youth, and their families to support successful implementation.
 - g. Describe how LGBTQ2S children and youth will be engaged as partners to inform the design, implementation, and oversight of your interventions.
 - h. Describe all additional funding sources and existing infrastructure that will support implementation of the proposed interventions.
 - i. Describe a plan for sustainability after the QIC-LGBTQ2S support.

IV. Evaluation Feasibility and Capacity (20 Points)

- a. Describe the evaluation plan including:
 - i. Local evaluation capacity and commitment to collaborating with the QIC-LGBTQ2S evaluation team for evaluation research including the identification of a local data manager (at least 20 percent FTE).
 - ii. Proposed evaluation plan
 - 1. Describe the proposed sampling strategy (who are you going to recruit to receive services and how are you going to do that?)
 - 2. For each proposed intervention, describe how participants will be selected, are expected to participate, and whether participants will be able to be compared to similar individuals who did not participate.
 - 3. Provide an estimated sample size.
 - 4. Describe possible measures to be utilized.
 - 5. Indicate ability to access, collect, and analyze data. Data sources may include one or more of the following: child welfare administrative data, Medicaid claims and other administrative data, surveys and focus groups/ interviews conducted at multiple time points, workforce data, and program-specific data.
 - 6. Please indicate your ability to collect and share the necessary data, including the measures specified above with the QIC-LGBTQ2S. Please describe any foreseen barriers and strategies you have to address these barriers.
 - 7. Describe your continued quality improvement process and how your agency will modify interventions based on data analysis and findings over the course of the project.
 - 8. Describe data collection procedures and processes for ensuring confidentiality.
 - iii. Describe any IRB or human subject regulatory procedures specific to your agency, site, state, or tribe that apply. Your agency may not have a formal IRB, but will have a process for ensuring that youth involved in research projects are protected. As relevant, describe your team's experience in working with these regulatory groups and any potential challenges that may arise.

V. Local Implementation Site Commitment to the QIC-LGBTQ2S (20 Points)

- a. Describe the agency and partner organizations' commitment to the values and principles of family-centered planning, positive youth development, cultural and linguistic competency and responsiveness, and family- and youth-driven care.
 - i. Describe how the child welfare agency and provider program(s) will provide safe spaces for children and youth with diverse SOGIE to self-identify.
 - ii. Describe what trauma-informed strategies the child welfare agency and provider program will employ and how you will address risk and protective factors.
 - iii. Describe methods for assessing strengths and needs.
 - iv. Describe the process to garner meaningful youth participation and utilization of their expertise in all stages of

- implementation throughout the duration of the project.
- b. Describe ability to contract and enter into a mutually binding contractual agreement with the University of Maryland, Baltimore.
 - i. **This is a sample of the UMB contract language.** It will be expected that applicants share this sample with their contracting body to review and ensure that language negotiations will be possible. If there are concerns about contractual language, this should be noted in the application. We are providing this sample during the application process to ensure a more streamlined contracting process if a site is selected, which will allow for a nimbler implementation and transfer of funding.
 - c. Describe the long-term level of commitment from leadership within the child welfare agency leadership and provider partners to SOGIE diverse children, youth, and young adults.
 - d. Please describe your past and current work addressing the needs of children, youth, and young adults with diverse SOGIE.
 - e. Describe the LIS commitment to actively participate in the QIC learning collaborative and other meetings
 - i. Describe capacity for four to five key implementation staff to travel to sites/meetings six times over the course of the grant (the QIC-LGBTQ2S will cover travel costs)
 - ii. Describe commitment to learn from and share practice, policy, and organizational lessons with peers through the learning collaborative process.
 - iii. Describe commitment to cross-site data sharing to promote learning and implementation enhancements.

Section 2: Personnel, Budget, and Supporting Documentation

VI. Key Personnel (5 Points)

- a. Identify key personnel to implement the proposal, including individuals responsible for data collection and working with the QIC evaluation team.
- b. Describe the roles and FTE of each of these key personnel.
- c. Describe the hiring agency of these key personnel.

VII. Budget and Budget Narrative (5 Points)

- a. Provide a detailed budget for your funding request that minimally includes:
 - i. Personnel FTE and salary/fringe
 - ii. Materials/supplies/stipends
 - iii. Arrangement with each strategic partner – including each partner’s budget, narrative, and scope of work

VIII. Additional information

- a. Please feel free to send us any additional information that would demonstrate what your site brings to this application process (brochures, policies, videos, pictures, interviews, training curricula, etc.), as well as letters of commitment from strategic partners. For each supplemental information included, please provide information on its purpose, intended audience, and dissemination approach. This section is not required; however, it allows reviewers to further assess local site capacity. You may reference and then attach additional materials to the application submission email.



The National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S) is funded through the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children’s Bureau, grant #90CW1145. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it.